

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Eastern District of Oklahoma

(1) GREAT LAKES INSURANCE SE,

Plaintiff(s)

v.

(1) WAGNER & LYNCH, PLLC,

Defendant(s)

Civil Action No. CIV-23-52-JAR

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* WAGNER & LYNCH, PLLC
c/o Blake Lynch, Registered Agent
109 E. Washington Avenue
McAlester, Oklahoma 74501

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Michael Linscott
Alexandra J. Gage
Doerner, Saunders, Daniel & Anderson, L.L.P.
Two W. Second Street, Suite 700
Tulsa, OK 74106-3117

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 02/13/2023

Bonnie N. Hebl

Signature of Clerk or Deputy Clerk



AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. CIV-23-52-JAR

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Wagner & Lynch, PLLC
 was received by me on *(date)* 02/13/2023.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* Blake Lynch, Registered Agent, who is
 designated by law to accept service of process on behalf of *(name of organization)* Wagner & Lynch, PLLC
 _____ on *(date)* 02/14/2023; or

☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: via certified mail, restricted delivery, to Wagner & Lynch, PLLC, c/o Blake Lynch, Registered Agent, who is designated by law to accept service 109 E. Washington Avenue, McAlester, Oklahoma 74501.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 2/16/2023



Server's signature

Alexandra J. Gage, Attorney

Printed name and title

Doerner, Saunders, Daniel & Anderson, L.L.P.
 Two W. Second Street, Suite 700
 Tulsa, OK 74106-3117

Server's address

Additional information regarding attempted service, etc:

7020 0090 0000 3201 4187

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ 4.15

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 3.35

☐ Return Receipt (electronic) \$

☒ Certified Mail Restricted Delivery \$ 6.65

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ 1.74

Total Postage and Fees \$ 15.89

Sent To **WAGNER & LYNCH, PLLC**

Street a **c/o Blake Lynch, Registered Agent**

City, State **109 E. Washington Avenue**
McAlester, OK 74501

Postmark
 Here
 USPS DOWNTOWN STATION
 FEB 13 2023
 OK 74103-9997

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WAGNER & LYNCH, PLLC
c/o Blake Lynch, Registered Agent
109 E. Washington Avenue
McAlester, OK 74501

2. Article Number (Transfer from service label)

7020 0090 0000 3201 4187

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☒ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Tanya Turner

C. Date of Delivery

2-14-23

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt